



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

HUMIRA® (adalimumab) and ENBREL® (etanercept)
[Prior Authorization Request Form](#)

Prior authorization requests for Humira and Enbrel will be approved for the listed indications if the following criteria are met. Diagnoses must accompany all requests.

1. Patient is eighteen (18) years of age or older (see below if diagnosed with juvenile idiopathic arthritis or pediatric Crohn's Disease); **AND**
2. Initial treatment plan is done in consultation with an appropriate specialist (such as a dermatologist, gastroenterologist or rheumatologist); **AND**
3. Negative tuberculin skin test before initiation of therapy; **AND**
4. **Ankylosing spondylitis**: must include documentation indicating ninety (90) day treatment history with NSAIDs (unless contraindicated).
5. **Psoriasis** must have:
 - i. Diagnosis of moderate to severe psoriasis (equal to or less than 10% of the body affected); **AND**
 - ii. Prior treatment with a potent topical corticosteroid plus calcipotriol; **AND**
 - iii. Prior treatment with a Vitamin D analogue; **AND**
 - iv. Prior treatment with phototherapy; **AND**
 - v. Prior ninety (90) day treatment history with a disease-modifying agent (DMARD) such as methotrexate, cyclosporine, acitretin, etc.
6. **Psoriatic arthritis or rheumatoid arthritis**: must have a documented ninety (90) day history of NSAID therapy as well as ninety (90) day trials of at least two DMARDs.
7. **Juvenile idiopathic arthritis**: Prior authorization may be granted for Humira if the patient is four (4) years of age or older; Enbrel may be granted a PA if the patient is two (2) years of age or older. In either case, the patient must have tried and failed a ninety (90) day course of therapy with methotrexate.
8. **Crohn's Disease**: Humira is approvable for moderate to severe Crohn's disease. *Enbrel is not indicated for treatment of Crohn's disease and will not be approved.*

Pediatric Crohn's disease (moderate to severe) – For patients 6 years of age and older, prior authorization requests for Humira are approvable with documentation of an inadequate response to a 14-day trial of corticosteroids or an immunomodulator such as azathioprine, 6-mercaptopurine, or methotrexate.



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9. **Ulcerative Colitis:** Humira is approvable following failure or clinically significant adverse effects to a thirty (30) day course of aminosalicylates (e.g. sulfasalazine, mesalamine) requiring treatment for two (2) or more exacerbations using corticosteroids, such as prednisone. *Enbrel is not indicated for treatment of UC and will not be approved.*

References

- 1) Lexi-Comp drug monographs for Humira and Enbrel (Nov. 4th, 2014)
- 2) Humira Package Insert (5/2014)
- 3) Enbrel Package Insert
- 4) J Braun *et al.* 2010 update of the ASAS/EULAR recommendations for the management of ankylosing spondylitis. Ann Rheum Dis 2011; 70:896-904
- 5) Scottish Intercollegiate Guidelines Network (SIGN). Diagnosis and management of psoriasis and psoriatic arthritis in adults. A national clinical guideline. Edinburgh (Scotland); Scottish Intercollegiate (SIGN), 2010 Oct (SIGN publication, no. 121 (217 references)
- 6) G Lichtenstein, S Hanauer *et al.* Management of Crohn's Disease in Adults. Am J Gastroenterol advance online publication, 6 January 2009

Version 5 Reviewed and Approved by
Drug Utilization Review Board
November 19th, 2014 (BMT)
Updated 7/6/2015 (BMT)

v2014.4b